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2 IN THE UNITED STATES DISTRICT COURT  
3 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

4 \*  
5 THE CITY OF HUNTINGTON,

6 Plaintiff,

7 vs.

CIVIL ACTION

8 NO. 3:17-01362

9 AMERISOURCEBERGEN DRUG  
10 CORPORATION, et al.,  
11 Defendants.

12 CABELL COUNTY COMMISSION,

13 Plaintiff,

vs.

CIVIL ACTION

14 NO. 3:17-01665

15 AMERISOURCEBERGEN DRUG  
16 CORPORATION, et al.,

17 Defendants.

18 \*  
19 Videotaped and videoconference deposition  
20 of GEORGE A. BARRETT taken by the Defendants under  
21 the Federal Rules of Civil Procedure in the above-  
22 entitled action, pursuant to notice, before Teresa  
23 S. Evans, a Registered Merit Reporter, all parties  
24 located remotely, on the 21st day of September,  
2020.

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1 why didn't you look into whether or not there were  
2 any costs that the County or City was paying in  
3 connection with the abatement interventions that  
4 were currently underway at the time you wrote your  
5 report?

6 A. Well, the scope of my work was limited to  
7 calculating the future value of the costs which had  
8 been identified in Doctor Alexander's redress  
9 model, which is supplemented or augmented by Doctor  
10 Young's opinions as well.

11 Whether or not programs currently  
12 exist or don't exist in the Cabell/Huntington area  
13 is really beyond the scope of my work in the case.  
14 It just simply doesn't matter.

15 I was asked to calculate the future  
16 value of all the items identified in the redress  
17 model.

18 Q. Well, if the County or City had currently  
19 been incurring costs for an abatement program that  
20 was in Doctor Alexander's plan, wouldn't you  
21 consider that important evidence to determine what  
22 the costs might be in the future for the same plan?

23 A. I really can't speak to that because it's  
24 outside of my field of expertise. As a practical

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1 just like the previous, Doctor Alexander provided  
2 the number of opioid injection drug users reached  
3 by the syringe service program. He also provided  
4 with -- provided in the redress model the cost per  
5 client for the syringe service program.

6 Q. Did you make any effort to determine the  
7 cost of existing syringe service programs in the  
8 Cabell/Huntington community in connection with your  
9 work?

10 A. No. Again, Doctor Alexander provided this  
11 information, and I relied upon his opinion for  
12 these calculations.

13 Q. And with respect to existing syringe  
14 service programs, do you know who has provided the  
15 funding for those, whether it's come from the  
16 County or City or alternatively, from some Federal  
17 or State source?

18 A. No. But again, just like we've talked  
19 about with these other costs, even if such a  
20 program was being funded by another party, the  
21 intention from this particular redress model is to  
22 identify and effectively deal with the costs that  
23 have been created by the opioid epidemic.

24 So if some other funding mechanism or

1 some other agency was perhaps paying for this,  
2 typically we would not expect the defense to get a  
3 benefit from that just because they were lucky  
4 enough to have triggered an opioid epidemic in a  
5 geographic area which was providing a syringe  
6 program in the first place.

7 Q. Well, as far as you know, has the City or  
8 County ever funded, in whole or in part, a syringe  
9 service program using its own funds?

10 A. I believe that there was - and have been -  
11 some programs with regards to a syringe collection  
12 effort. I do recall that -- those types of  
13 programs and those types of costs have existed.

14 Q. So you are aware that -- of a syringe  
15 collection program taking place within the  
16 geographic boundaries of the City or County, but do  
17 you know who funded any such program?

18 A. No. Again, I'm not familiar with that, and  
19 I think that that would be irrelevant because it  
20 would -- it would be in violation of the collateral  
21 source rule as it relates to whether or not a  
22 defendant gets the benefit of a third party  
23 participating in and contributing toward the  
24 funding of one of -- any of these types of

1           A.    Which would be the federal government?

2           Q.    Be a combination of the Federal and the  
3       State government.  Do you know whether or not  
4       that's true that most people with opioid use  
5       disorder in Cabell/Huntington, their treatment is  
6       paid for by Medicaid?

7           A.    Well, given the income level of the local  
8       area and Medicaid being a federal transfer payment  
9       program, essentially welfare, that makes sense,  
10      yes.

11          Q.    And -- just transitioning to a real world  
12       -- and what does this mean in a real world, if  
13       there were an -- if Doctor Alexander's abatement  
14       program were put in place, do you -- is it your  
15       understanding that Cabell/Huntington would begin to  
16       run a public health system by which they themselves  
17       would treat everyone with opioid use disorder in  
18       their community rather than letting hospitals paid  
19       for by Medicaid handle that?

20            MR. BURNETT:  Objection.

21          A.    I don't have an opinion on that.  I simply  
22       valued the cost based upon the number of  
23       individuals identified by Doctor Alexander and the  
24       costs associated with those treatment sources.

1           Q. And you are agnostic as to who was actually  
2 going to pay that cost in the future; is that  
3 right?

4           A. Yes, throughout the course of my work in  
5 this case, who has paid for and who is going to pay  
6 for is not my opinion. I don't have any  
7 conclusions or any say on that. These are simply  
8 the dollars that are necessary to pay for the  
9 things that have been identified by Doctor  
10 Alexander.

11          Q. Okay. Now, if you go to the Medications  
12 tab, which is the next tab -- it's still 2B, but  
13 it's 2B5, 6 and 7.

14          A. Yes.

15          Q. What does that reflect? Does that reflect  
16 the cost of the treatment drugs used for the people  
17 who are getting treated with OUD?

18          A. It's my understanding, yes, these are the  
19 medications that would be prescribed as part of the  
20 treatment protocols for individuals with opioid use  
21 disorder.

22          Q. Okay. And similar to the treatment itself,  
23 you know, the cost of treatment, you don't know who  
24 has paid in the past or who will pay in the future

1 another expert that you're relying on is an  
2 important part of your process when that other  
3 expert's work is a foundation for your own. And  
4 can you explain to me why that can be generally  
5 true but not true in this instance?

6 A. Absolutely. When we speak about due  
7 diligence in that newsletter, as that relates to  
8 having a conversation with a related expert, what I  
9 am referring to is understanding what that expert  
10 is giving me in their opinion. Understanding that  
11 information is important.

12 The due diligence is not me  
13 questioning the abilities or the opinions or the  
14 accuracy or the validity of the opinions of what  
15 that expert is saying. It's necessary so that I'll  
16 understand what that expert is talking about.

17 And that's exactly what transpired in  
18 this case from the very beginning of my work in  
19 early spring in having routine, regular telephone  
20 conversations with Doctor Alexander and Doctor  
21 Alexander's staff so that I would understand the  
22 information that was being presented to me.

23 That is the necessary due diligence.  
24 It's not a matter of me questioning the integrity,

1 qualifications, questioning the accuracy of Doctor  
2 Alexander's opinions. That's not my job and would  
3 be inappropriate for me to even attempt to do.

4                   But it is very appropriate - and in my  
5 opinion, a requirement - that me, as an expert -  
6 and in this case, the expert at the very tail end  
7 of this story that is being told about the  
8 abatement costs that are necessary - it's important  
9 for me to understand all the information that's  
10 coming to me from the related experts sufficiently  
11 enough so that I could do my job.

12                   I don't need to understand the nuts  
13 and bolts and the integral -- the intricate  
14 workings of how Doctor Alexander or how Doctor  
15 Young came up with their opinions, but I have to be  
16 able to understand that information so that I could  
17 interpret it and make the calculations that I need  
18 to make for my opinion.

19                   Q. Okay. Now, the rate you're charging for  
20 the work you're doing in this case is \$300 per  
21 hour; is that right?

22                   A. Yes, sir, it is.

23                   Q. Okay. And to date, approximately what have  
24 your charges been so far?